NEIL ABERCROMBIE GOVERNOR



STATE OF HAWAII HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND

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January 4, 2011

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ACTING ADMINISTRATOR MARIE C. LADERTA

TO:

Active Hawaii State Teachers Association Members (Bargaining Units 05/45)

FROM: for Marie C. Laderta, Acting Administrator Sandi Jahre

SUBJECT: Open Enrollment Information - Addendum to Memo Dated December 27, 2010

Below are additional questions and answers to assist you during the EUTF's open enrollment period which started January 3, 2011 and ends January 24, 2011. {Note: The first 30 questions and answers were provided in a memo dated December 27, 2010, which is posted on the EUTF's website at: www.eutf.hawaii.gov.}

Q31: In Q&A #11 which was issued earlier, you said that if I do not want to switch to the EUTF plans available to all other State and County employees, but want to add or drop a dependent under the plans EUTF created for HSTA VEBA members, I could do so. Do I need to complete the EC-1 form to do that?

A31: No. You will need to complete the new EC-1H form which is attached, and which can also be downloaded from the EUTF website at: www.eutf.hawaii.gov. You only need to complete Sections 1, 4, and 6. Under Section 1, be sure to check the block for Open Enrollment. Under Section 4, be sure to indicate whether you wish to add or delete a dependent.

Q32: The EC-1 form and the new EC-1H form look very similar. When should the EC-1 form be used and when should the new EC-1H form be used?

A32: The 2 forms may look similar but are NOT identical. Therefore, during the open enrollment period:

- Use the EC-1 form if you want to **switch** from the VEBA-type plan you were automatically enrolled in, effective January 1, 2011, to the EUTF plans available to all other State and County employees, effective March 1, 2011.
- Use the new EC-1H form if you want to <u>stay in</u> the plans EUTF created for HSTA
 VEBA members and <u>the only change you wish to make is to add or drop a dependent.</u>

Q33: I know that on January 1, 2011, HSTA VEBA members were automatically transitioned to the VEBA-type plans which EUTF created for us, in compliance with Judge Sakamoto's oral ruling. However, do we all have to submit EC-1 forms during the open enrollment period to maintain our coverage from March 1, 2011?

A33: No. If you were automatically transitioned to a VEBA-type plan on January 1, 2011, and you do not wish to make any changes to your coverage, you do NOT need to submit an EC-1 form. Your coverage will automatically continue after March 1, 2011, until such time that you make a change.

Please note that if you mistakenly submit an EC-1 form during the open enrollment period, it will be assumed that you wish to switch from your VEBA-type plan to a plan available to all other State and County employees, and you will **never** be allowed to switch back into any of the VEBA-type plans specifically created by EUTF for HSTA VEBA members.

Q34: How much will I have to pay if I stay under the plan(s) that EUTF created specifically for HSTA VEBA members and how much will I have to pay if I switch to the EUTF plans for all other State and County employees?

A34: Please see Attachments 2 and 3 for the monthly employee contribution rates for those plans, effective March 1, 2011. Just as a reminder, the EUTF plans are unbundled.

Attachments:

- 1 EC-1H Form
- 2 Hawaii Employer-Union Health Benefits Trust Fund For Active Employees Formerly Under the HSTA VEBA BU 05, 45 Effective March 1, 2011
- 3 Hawaii Employer-Union Health Benefits Trust Fund Active Employees All BU's Except BU 12 HSTA VEBA Active Employees Who Opt To Transfer To EUTF Plans (BU 05, 45) BU 05, 45 Employees Hired On Or After January 1, 2011 Effective March 1, 2011

HSTA	Hawaii Employer-Union Health Benef	its Trust Fund		FORM	E SUBMIT THI EC-1H TO THI
EC-1H	HSTA: Enrollment Form for Act	tive BU 05 & 45 Emp	loyees	DOE EB	J FOR ROUTI
SECTION 1	EMPLOYEE DATA	Please complete all applicable fields below Social Security numbers are required to pr	r. ocess dependent enrollmen	S.	
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Home Phone (Open Enrollment	Marriage Date: (MM/DD/)	YYY)	igie
Mobile Phone ((Check this box if status ch	ange) '/_	
	ss (Check this box if your address has changed)	Employee's Social Security Number	Domestic Partnership (DF		:E-4
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City	StateZip Code		`		_
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	by DOE → Effective Date of Coverage:	Premium Con	tribution begins:		
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*To be eligible for coverage under any Supplemental Health Benefit Plan, you and your eligible dependent(s) must be covered under another employer group health plan (private/Federal).

☐ Enroll

☐ Do NOT Enroll

Primary HDS

Standard Insurance Company
Imployees ONLY: Premium Conversion Plan

Dental Life

The EUTF created new health and life insurance benefit plans for HSTA VEBA members (BU05&BU45) in response to the December 7, 2010 oral ruling by Judge Sakamoto. The new plans offer HSTA VEBA members the same standard of coverage in benefits that they enjoyed under their HSTA VEBA plans. All HSTA VEBA members (BU05&BU45) will be transitioned to the newly created EUTF plans that offer the same standard of coverage in benefits on January 1, 2011.

☐ Change Amount

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SEC	TION	4: DEPENDENT INFORMATION AND I	PLAN SELE	CTIONS						
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		ty information is available at www.eutf.hawaii.gov in the E	UTF Administrati		 awaii Revised	Statutes.	li		1	<u> </u>
Depen	dent Cerl	ification and Student Certification– See Section 4.6 and 4	1.7 of "Instructions	for Completing Form EC	-1" for more inf	omation.				
l ce	rtify tha	t all of my dependent children meet eligibility requ	irements for en	rollment in the EUTF p	lans.				_ (initial	s)
l ce	rtify tha	t all of my dependent children ages 19 through 23,	, are full time st	udents at an accredited	d scholastic i	nstitution	١.		_ (initial	is)
		er Certification - See Section 4.8 and 4.9 of "Instructions			ructions.				0-10-1	1_1
l ha	ve attac	hed all documentation as required in the Domestic	c Partner Enroll	ment Instructions.					(initial	is)
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HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND FOR ACTIVE EMPLOYEES FORMERLY UNDER THE HSTA VEBA BU 05, 45 EFFECTIVE MARCH 1, 2011

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Benefit Plan	Type of Enrollment	*Monthly Employer Contribution	Monthly Employee Contribution	Total Contribution Required
MEDICAL PLANS				
	Self	\$235.72	\$180.16	\$415.88
HMSA - 90/10	Two-Party	\$569.76	\$434.52	\$1,004.28
Medical, Drug, RSN Chiropractic, VSP Vision	Family	\$727.42	\$554.20	\$1,281.62
	Self	\$235.72	\$74.80	\$310.52
HMSA - 80/20	Two-Party	\$569.76	\$178.82	\$748.58
Medical, Drug, RSN Chiropractic, VSP Vision	Family	\$727.42	\$228.10	\$955.52
	Self	\$235.72	\$135.54	\$371.26
Kaiser Comprehensive	Two-Party	\$569.76	\$327.26	\$897.02
Medical, Drug, RSN Chiropractic, VSP Vision	Family	\$727.42	\$417.72	\$1,145.14
HMSA Supplemental	Self	\$139.66	\$116.56	\$256.22
Supplemental Medical, Drug, Vision	Two-Party	\$336.70	\$281.20	\$617.90
RSN Chiropractic	Family	\$430.08	\$358.80	\$788.88
DENTAL PLAN				
	Self	\$19.50	\$12.80	\$32.30
HDS Dental	Two-Party	\$39.04	\$25.58	\$64.62
	Family	\$80.76	\$25.58	\$106.34
	Self	\$0.00	\$17.14	\$17.14
HDS Supplemental Dental	Two-Party	\$0.00	\$34.34	\$34.34
	Family	\$0.00	\$51.46	\$51.46
VISION PLAN				
	Self	\$3.64	\$2.40	\$6.04
VSP Vision	Two-Party	\$6.76	\$4.42	\$11.18
	Family	\$8.84	\$5.78	\$14.62
LIFE INSURANCE				
Standard Life Insurance	Employee	\$4.16	\$0.00	\$4.16

^{*}Monthly Employer Contribution is subject to Legislative appropriation/approval

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND **ACTIVE EMPLOYEES**

ALL BU'S EXCEPT BU 12

HSTA VEBA ACTIVE EMPLOYEES WHO OPT TO TRANSFER TO EUTF PLANS (BU 05,45) BU 05, 45 EMPLOYEES HIRED ON OR AFTER JANUARY 1, 2011

EFFECTIVE MARCH 1, 2011

		*Monthly	Monthly	Total
L	Type of	Employer	Employee	Contribution
Benefit Plan	Enrollment	Contribution	Contribution	Required
MEDICAL PLANS				
EUTF PPO (HMA) - 90/10 Plan	Self	\$189.34	\$124.80	\$314.14
RSN Chiropractic	Two-Party	\$459.32	\$303.22	\$762.54
	Family	\$586.10	\$386.36	\$972.46
EUTF PPO (HMSA) - 80/20 Plan	Self	\$189.3 4	\$114.58	\$303.92
RSN Chiropractic	Two-Party	\$459.32	\$278.40	\$737.72
	Family	\$586.10	\$354.70	\$940.80
	Self	\$42.74	\$28.08	\$70.82
EUTF Prescription Drug (informedRx)	Two-Party	\$103.68	\$68.28	\$171.96
	Family	\$132.48	\$87.06	\$219.54
EUTF HMO (HMSA)	Self	\$232.08	\$194.06	\$426.14
Prescription Drug	Two-Party	\$563.00	\$471.50	\$1,034.50
RSN Chiropractic	Family	\$718.58	\$600.96	\$1,319.54
Kaiser Comprehensive	Self	\$232.08	\$149.14	\$381.22
Prescription Drug	Two-Party	\$563.00	\$361.72	\$924.72
RSN Chiropractic	Family	\$718.58	\$461.54	\$1,180.12
Kaiser Basic	Self	\$232.08	\$90.46	\$322.54
Prescription Drug	Two-Party	\$563.00	\$219.20	\$782.20
RSN Chiropractic	Family	\$718.58	\$279.74	\$998.32
EUTF Supplemental (HMSA)	Self	\$136.02	\$88.86	\$224.88
informedRx Prescription Drug	Two-Party	\$329.94	\$216.12	\$546.06
RSN Chiropractic	Family	\$421.24	\$275.22	\$696.46
Royal State Supplemental	Self	\$27.20	\$16.30	\$43.50
Prescription Drug	Two-Party	\$66.50	\$40.48	\$106.98
RSN Chiropractic	Family	\$75.92	\$45.00	\$120.92
EUTF High Deductible Health Plan	Self	\$232.08	\$56.56	\$288.64
(HMSA)	Two-Party	\$563.00	\$138.50	\$701.50
Prescription Drug	Family	\$718.58	\$176.72	\$895.30
DENTAL PLAN				
	Self	\$19.50	\$12.80	\$32.30
HDS Dental	Two-Party	\$39.04	\$25.58	\$64.62
	Family	\$80.76	\$25.58	\$106.34
VISION PLAN				
	Self	\$3.64	\$2.40	\$6.04
VSP Vision	Two-Party	\$6.76	\$4.42	\$11.18
	Family	\$8.84	\$5.78	\$14.62
LIFE INSURANCE				
Standard Life Insurance	Employee	\$4.16	\$0.00	\$4.16
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^{*}Monthly Employer Contribution is subject to Legislative appropriation/approval